



2022 Innovation Initiative (i2) Application

By checking this box, you agree to our Terms and Conditions. *

Detailed Terms and Conditions here. (<https://alliancehf.egnyte.com/dl/sOC3NERz3M>)

ORGANIZATION PROFILE (Lead organization if this is a partnership or fiscal sponsor arrangement)

Organization Stage of Life *

- Concept - early design stage; pre-operating
- Young - formed in last 2 years; obtained legal status
- Emerging – starting to serve customers
- Established – customer base and generating revenue

Name *

Please enter organization full legal name.

DBA

If applicable, please enter organization Doing Business As (DBA) name.

Street Address *

Please enter organization full USPS mailing street address.

City *

Please enter organization city.

Street *

Using two letter state abbreviation, please enter organization state.

Zip Code *

Please enter organization 5-digit numeric zip code.

Website URL, if applicable

Please enter organization website URL.

Organization Description *

Limit: 350 words

Mission Statement *

Limit: 250 words

Using 250 words or less, please enter organization's mission statement.

Year Founded *

Using 4-digit numeric, please enter organization year founded. (ie. 1976)

Type *

- 501(c)(3) Organization
- Non- 501(c)(3) Organization Using 501(c)(3) Organization as Fiscal Sponsor
- B Corp
- C Corp
- S Corp
- Limited Liability Corporation (LLC)
- Partnership
- Other

Please select the organization type. If organization is not a 501(c)(3), then please provide information for the fiscal sponsor.

IRS Letter *

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Please upload current IRS Letter of Determination.

Logo, if applicable

Upload a file. No files have been attached yet.

Acceptable file types: .jpg, .jpeg, .gif, .tif, .tiff, .png, .svg

Please upload high resolution organization logo file.

LEADERSHIP PROFILE

Leader First Name *

Please enter organization leader's first name. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Last Name *

Please enter organization leader's last name. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Role *

Please enter organization leader's role (i.e.. President, Chief Executive Officer, Executive Director).

Leader Email *

Please enter organization leader's email address. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Mobile Phone Number *

Please enter organization leader's mobile phone number. Leader refers to President, Chief Executive Officer, Executive Director, etc.

Leader Number Months with Organization *

Using numeric value, please enter organization leader's number of months with organization. Leader refers to President, Chief Executive Officer, Executive Director, etc.

If 5 years and 3 mos, then please enter 63.

Leader Number of Months in Sector *

Using numeric value, please enter organization leader's number of months working within the nonprofit ecosystem. Leader refers to President, Chief Executive Officer, Executive Director, etc.

If 5 years and 3 mos, then please enter 63.

BOARD, C-LEVEL EXECUTIVES, AND STAFF PROFILE

Board + C-Level + Staff Demographics Table



	Board Members	C-Level Executives	Staff Members
Please enter organization's number of: (enter 0 if N/A)			
Gender Representation Percentages			
Female Percentage:			
Male Percentage:			
Non-Binary Percentage:			
Transgender Percentage:			

Prefer Not to Answer Percentage:			
Unknown Percentage:			
Gender Total Percentages*	0	0	0
Race and Ethnicity Representation Percentages			
Hispanic or Latinx Percentage:			
White (Europe) Percentage:			
Middle Eastern or North African (MENA) or Palestinian Percentage			
Black or African American (Africa) Percentage:			
American Indian or Alaska Native (North America, Central America, South America) Percentage:			
Asian (Far East, Southeast Asia, India) Percentage:			
Native Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa, Pacific Islands) Percentage:			
Two or More Races (Multiracial) Percentage:			
Other Race Percentage:			
Prefer Not to Answer Percentage:			
Unknown Percentage:			
Race and Ethnicity Total Percentages*	0	0	0

* Note: Round figures to nearest whole number.			
* Note: Please be sure each section for Gender, Ethnicity, and Race total to 100%. The system will not automatically correct this for you.			

Please update the Board Members, C-Level Executives, and Staff Members demographics profile.

***PLEASE ONLY ENTER NUMERIC VALUES.**

REFRAIN FROM USING:

- DOLLAR SIGNS (\$)
- COMMAS (,)
- PERIODS (.)
- PERCENT (%)

- 1) Please provide the organization’s number of Board Members, C-Level Executives and Staff
- 2) Please provide a breakdown of gender, ethnicity, and race representation for the organization’s Board Members, C-Level Executives and Staff

Note: Round figures to nearest whole number.

Note: Please be sure each section for Gender, Ethnicity, and Race total to 100%. The system will not automatically correct this.

Please share anything else you would like us to know about your team that wasn't captured above (optional)

Limit: 300 characters

FINANCIAL PROFILE

Organization Finances for Entities with EIN



Required: please enter organization's annual revenue	
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Required: please enter the estimated percentage of annual revenue by source	
Charitable Donations Percentage:	
Government Contracts Percentage:	
Grants Percentage:	
Service Fees (Earned Revenue) Percentage:	
Other Revenue Percentage:	
Sum of Revenue Source Percentages:	0
Please be sure sum of revenue percentages total to 100%	

Please enter organization’s financial profile data using table provided.

Upload audited financials, balance sheets, 990s, etc.

Select up to 10 files to attach. No files have been attached yet. You may add 10 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

If your organization is in concept stage organization and doesn't have an EIN or recorded finances, please provide financial projections (optional)

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

Capitalization table (if applicable)

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

REGIONAL IMPACT OF INNOVATION

Select all San Diego regions that will benefit from your innovation, based on where you plan to or are offering your solution. *

- Central
- East
- North Central
- North Coastal
- North Inland
- South

Select all Imperial County regions that will benefit from your innovation, based on where you plan to or are offering your solution.

- Brawley
- Imperial City
- Calexico
- Niland
- Calipatria
- Salton City
- El Centro
- Seely
- Heber
- Westmoreland
- Holtville
- Winterhaven
- Other

List other cities or regions beyond San Diego and Imperial counties that will benefit from your innovation based upon where you plan to (or are) offering your solution.

INNOVATION PROJECT INFORMATION

What is the problem you are trying to solve that is creating inequitable outcomes for health and wellbeing? *

Limit: 250 words

What data/evidence demonstrates that this is problem? *

Limit: 250 words

What is the solution you are proposing? *

Limit: 250 words

How does your solution address the problem? *

Limit: 250 words

What makes your proposed solution innovative? *

Limit: 250 words

Why is now the right time to solve this problem? *

Limit: 250 words

What is the total size of the market you are trying to address in San Diego and Imperial counties? *

Limit: 250 words

Who benefits if your solution achieves what it sets out to accomplish? *

Limit: 250 words

How will your innovation be sustainable beyond grant funding? Who will be your

paying customers, or sustainable source of revenue? *

Limit: 500 words

Are there direct competitors to your solution? If so, who are they? *

Limit: 250 words

What makes your solution different or better than the competition? *

Limit: 250 words

What makes your team uniquely qualified to implement this solution? *

Limit: 500 words

Have the populations that this solution benefits been involved in the development of the project to-date? If so, how? *

Limit: 250 words

How do you plan to continue to engage the affected populations as you develop and scale this solution? *

Limit: 500 words

Has your solution been tested in the market? If so, what data or information can you share about your solution that has been received by consumers/customers? *

Limit: 500 words

How will you acquire your next 100 “customers”? If not applicable, what is your go to market strategy? *

Limit: 500 words

Is there anything else you would like to share about your solution that has not been asked? *

Limit: 1000 words

FEEDBACK PROFILE

Primary Contact First Name *

Please enter grant application primary contact first name.

Primary Contact Last Name *

Please enter grant application primary contact last name.

Primary Contact Role *

Primary Contact Email *

Please enter grant application primary contact email address.

Primary Contact Phone *

Please enter grant application primary contact phone number.

Feedback Minutes to Prepare *

Please share the estimated number of minutes it took to prepare to enter the data into this application.

Enter numeric value (ie. 240 minutes enter 240)
Enter 0 if N/A

Feedback Minutes to Enter *

Please share the estimated number of minutes it took to enter the data into this application.

Enter numeric value (ie. 240 minutes enter 240)
Enter 0 if N/A

Feedback to Improve Process

Limit: 250 words

Optional: Using 250 words or less, please share your thoughts on specific questions and areas of concern where AHF could improve this application process.

Feedback on Gaps, Needs, Resources

Limit: 250 words

Optional: Using 250 words or less, please describe any gaps, needs, or resources you have identified that might help advance your organization's ability to reduce health and wellness inequities in our region?

Save Draft

Submit Form

